

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010680

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 20 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Jackson Twp</b>		c. CITY OR TOWN <b>Auxvasse</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b <b>2 Yrs</b>		d. STREET ADDRESS (If outside, give location) <b>P.O. Box 1</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Auxvasse Stone &amp; Gravel Co</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Julius Borders Jr</b>		4. DATE OF DEATH Month <b>March</b> Day <b>14</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/3/1934</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver &amp; Bulldozer operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kentucky</b>	11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>
13a. FATHER'S NAME <b>Julius Borders Sr.</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Etta Price</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>unk</b>		16. SOCIAL SECURITY NO. <b>2</b>	
17. INFORMANT <b>Mrs. Julius Borders Jr, Auxvasse, Mo</b>		14. NAME OF HUSBAND OR WIFE <b>Laura Kathryn</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushed head and crushed thorax</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Operating bulldozer in tunnels with ceiling of 60 ft or more when portions of ceiling crashed down on him</b>	
20c. TIME OF INJURY Hour <b>2:45</b> p.m. Month, Day, Year <b>3/14/63</b>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Auxvasse Stone &amp; Gravel S. Auxvasse</b>	20f. CITY, TOWN, OR LOCATION <b>Callaway Mo</b>
21. I attended the deceased from <b>2:45 P.M.</b> to <b>2:45 P.M.</b> and last saw her alive on <b>March 16, 1963</b> Death occurred at <b>2:45 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Daniel C. Browning, Coroner</b>		22b. ADDRESS <b>Fulton, Mo</b>	
22c. DATE SIGNED <b>3/16/63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>Mar, 16, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Auxvasse Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Auxvasse Mo</b>		24. FUNERAL DIRECTOR <b>Browning Funeral Home, Fulton, Mo</b>	
25. DATE RECD. BY LOCAL REG. <b>March 16-1963</b>		26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1963  
APR 1 1963

JUN 4 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

Denzel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.